## National Conference on Health Communication, Marketing and Media August 7-9, 2012 • Hyatt Regency Atlanta • Atlanta, GA REGISTRATION FORM

ORGANIZATION TYP	E					
☐ Academic	☐ NonProfit	☐ Government	☐ Corporate/For Profit			
DEPARTMENT AFFILIATION						
☐ Federal Government (FTE) ☐ Federal Government (Contractor) ☐ State Government ☐ Local Government						
☐ Academic Institution ☐ Private/For Profit ☐ Private/Non-Profit ☐ NGO ☐ Other						
REGISTRATION INFORMATION (PLEASE PRINT)						
Name:						
Job Title:		Professional Title/Degr	ee:	_		
Years of Experience in Health, Communications, Marketing and Media: Less Than One Less						
Name as it Would Appea	r on a Badge (if differen	t)				
Department:Organization/Affiliation:						
Preferred Mailing Addres	ss:					
City:		State:	Zip:			
Phone:		Fax:				
Email:						
Emergency Contact Person:			Phone:			
EMAIL OPT-OUT						
☐ My information may be distributed to the National Conference on Health Communication, Marketing and Media sponsors and exhibitors						
My information should NOT be distributed to the National Conference on Health Communication, Marketing and Media sponsors and exhibitors						
SPECIAL NEEDS						
☐ Please check this box if you require special assistance or have dietary restrictions. A conference representative will contact you for details.						

## **HOTEL ACCOMMODATIONS**

A block of sleeping rooms has been reserved at the Hyatt Regency Atlanta. The room rates (not including tax) are \$133/night for a single room or double room. To make hotel reservations, please contact Hyatt Regency Atlanta at 1-888-591-1234 and reference the "National Conference on Health Communication, Marketing and Media." These rates are available until Thursday, July 5, 2012, 5pm Eastern Time, or until the block is exhausted, whichever is first.

#### PHOTOGRAPHY DISCLAIMER

By attending the Sixth National Conference on Health Communication, Marketing and Media, you acknowledge that photographs and/or videos of you may be taken by our conference staff and/or photographers at any time. Furthermore, you grant the conference permission to use photographs and/or video of your likeness in any type of media, including websites and print publications, without compensation or reward.

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### **CONFERENCE REGISTRATION**

Completed registration form with payment must be received by Friday, July 27, 2012. Payment is accepted in the form of credit card, check or purchase order. For credit card payments, complete the information below. Checks or purchase orders should be made payable to NPHIC and must include the name of the registrant in the memo section along with the reference – NCHCMM Conference. Please mail completed registration forms with payment to: National Conference on Health Communication, Marketing and Media, Attn: Registration, 3525 Piedmont Rd., Building Five, Suite 300, Atlanta, GA 30305. Forms may also be faxed to (404) 240-0998.

FULL CONFERENCE REGISTRATION (Please sele	ect your conference registration type below)					
Registration Option	Early Bird Rate (on or before July 9, 2012)	Regular Rate (after July 9, 2012)				
Regular Conference Registration	<b>□</b> \$415	<b>□</b> \$455				
Government Rate (federal, state & local FTEs only)	<b>□</b> \$315	Not Available				
Student Rate*	\$205	□ \$250				
A copy of a student ID must be sent to the Registration Office via fax at (404) 240-0998 or nchcmm@meetingexpectations.com within 24 hours of registration.						
<b>OPTIONAL WORKSHOP REGISTRATION</b> (Please note there is an additional fee of \$75 for the workshops. Limited to 50 registrants each.)						
\$75 Workshop I – Social Media 101: An Introduction to Social Media for Health, Communication and Marketing – 8/7/12, 8 AM						
\$75 Workshop II – Hands On Social Media Strategy – 8/7/12, 8 AM						
\$75 Workshop III – Health Literacy in the Context of Social Marketing: Clear, Motivational Messaging in Programs of Change Behavior – 8/7/12, 8 AM						
\$75 Workshop IV – MessageWorks: Hands-On* – 8/7/12, 8 AM *space limited to 22 participants						
TOTAL AMOUNT DUE:						
PAYMENT TYPE						
☐ Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX						
Credit Card Number:	Expiration Date:	CVV Code:				
Cardholder Name (please print):						
Cardholder Signature:						
☐ Check Number (in US Dollars payable to NPHIC - Check payments must be received by July 27, 2012):						
☐ Government Purchase Order Number:						
The National Public Health Information Coalition's Federal Tax Identification Number is 58-1883255						

#### **CANCELLATION AND REFUND POLICY**

Refunds are limited to registration fees paid. Refunds will be made in the manner they were paid. To qualify for a full refund minus a \$75 administrative fee, written cancellation must be received by the National Conference on Health Communication, Marketing and Media registration manager no later than Monday, July 9, 2012. Cancellation received between Tuesday, July 10, 2012 and Monday, July 23, 2012 inclusive will receive a 50% refund. No refunds will be given after Monday, July 23, 2012. Substitutions may be submitted at any time, but must be submitted to the registration manager in writing at <a href="mailto:nchmm@meetingexpectations.com">nchmm@meetingexpectations.com</a>

### **QUESTIONS?**